

THE
MEDICAL AND SURGICAL REPORTER.

VOL. IX.

JANUARY, 1856.

No. 1.

ART. I.—*Typhoid Fever as it has prevailed in the Central Portion of the "Miami Valley."* By H. GATCH CAREY, M. D., Dayton, Ohio.

Topography.—Montgomery County embraces the central portion of the Miami Valley. It has an aggregate altitude of about seven hundred and fifty or sixty feet above the level of the sea, and is well drained by the Miami River, and its numerous tributaries. The dense forest growths which originally invested it, have generally been removed, and the country is now under an advanced state of cultivation. The bog and flat lands which abound in some districts, have been drained and rendered subservient to the interests of the husbandman. The inhabitants are composed of representatives from almost all nations—the American element largely predominating. The population numbers about one hundred and fifteen to the square mile, and are generally well fed and clothed.

Geology.—Blue limestone forms the bed of all the watercourses of any magnitude in this vicinity, and immediately underlies the soil and drift of the lower half of the valley. The stratified deposits of the upper section furnish considerable variety of the cliff formation. The soil composing the bottom lands is alluvial, resting upon beds of gravel and boulders, the latter being also scattered profusely over the face of the country. They furnish specimens from almost all of the known series to the north of us.

History.—Since the first appearance of typhoid fever in the West, its course has been uniformly aggressive. Manifesting

its approach by an insidious failing of the life-force, and subsequently, by the superinduction of an adynamic element to certain forms of endemic action, this disease has progressed step by step, until it has subjugated almost the entire Mississippi valley to its enervating influence. The incursion of this affection into a new district has almost uniformly been in the form of an epidemic, affecting to a greater or less extent the entire population. When once fairly developed, typhoid fever leaves unmistakable evidences of its influence in the pathology of the district.

As early as 1814, an epidemic prevailed extensively throughout the then inhabited region of the Miami Valley. The disease partook largely of the adynamic element, and its effects were apparent for several consecutive seasons. It was commonly known among the citizens as *spotted fever*; accounts of which are to be found in the medical journals of this country, published about that period. To many detachments of the American army then on duty in the Northwest, it proved more fatal than the balls and arrows of their opposing enemies. The disease consisted of congestion of the lungs and great nervous centres, often proving fatal in a few days. The sequela of this affection finally vanished, and the endemics resumed their original order in the seasons, without being materially changed in character, by this wide-spread and fatal influence.

During the subsequent fifth of a century, there were numerous visitations, approaching in their character and actions to epidemics, in this locality. The careful observer was enabled to detect a gradual failing of the life-force; and it was more apparent as these influences were general and severe in their effects upon the human economy. This change in the morbid tendencies could only be appreciated by embracing a series of years in the comparison. No one feature rendered it more apparent than the effects of remedial agents, when administered in case of disease.

Up to 1833, typhoid action, as a single element of disease, was rarely met with. In this year spasmodic cholera prevailed somewhat extensively as an epidemic in this region. The enervating influence induced by it was decided. Subsequently the gastrointestinal tube became the subject of frequent profluvia. Almost every form of morbid action, at some stage of its progress, was complicated with bowel difficulty. This was manifest in a strik-

ing manner, with autumnal fevers. These diseases became less inflammatory than in former years, and, if not promptly arrested in the early progress, a low, or typhoid stage was superadded. This termination of miasmatic fevers is still common, but is essentially distinct in nature and pathology from *enteric or typhoid fever proper*, which bids fair to become one of the endemics of this locality.

The asthenic element of disease increased from the above-named period up to 1843, when epidemic erysipelas prevailed from October to the subsequent May. During the prevalence of this visitation, and for a considerable period subsequent thereto, the more active therapeutical agents were almost of necessity abandoned in the treatment of idiopathic seizures. This epidemic partook largely of the typhoid element, and demanded the free use of tonic and stimulant remedies in the treatment. The return of epidemic cholera, in 1849, appeared to complete the preparation of the inhabitants for the full and perfect development of *typhoid fever*. So far as my information extends, and I have availed myself of the most reliable sources, there never was a pure idiopathic attack of this disease in this vicinity, anterior to the above-named period. I do not desire to convey the idea that there is any direct connection in the causation of cholera and enteric fever, but assume that the former was but a single link in the great epidemic chain, which has destroyed the primitive vigor of the race, and prepared the way for a new and important era in the pathology and therapeutics of the "central portion of the Miami Valley." Just in proportion to the extent and severity of these consecutive epidemic actions upon the human economy, so have the powers of vital resistance decreased, and been disposed to take on new forms of morbid action.

The first case of typhoid fever which occurred in this locality, appeared in Dayton, December, 1850. It was mild in form, well marked in character, and run through its regular stadia in five weeks, to convalescence. For the next two years but few cases were developed in this city, but in the adjacent neighborhoods the disease became distinctly epidemic, and in some places prevailed quite extensively. Since the above-named time, the county has rarely, if ever, been clear of distinct forms of this affection. In some instances, the action of the disease appeared

to be diffuse, influencing the vitality of the inhabitants more or less seriously, while at others it is circumscribed to a single village or neighborhood. To my knowledge, it has not affected the citizens of any particular district so generally as cholera, idiopathic erysipelas, influenza, or some other affections which have occasionally prevailed as epidemics in this locality; yet its action upon the inhabitants has been sufficiently apparent at some points to bring the visitation under the head of epidemics.

Symptoms.—The symptoms of enteric fever in this locality have taken a wide range. This has been so much the case as to induce some to doubt the propriety of classifying certain low forms of febrile action, which have occasionally been developed during the past three or four years, under the head of typhoid fever. In every locality where this disease has prevailed to any extent—and this remark is also equally true concerning many families—a certain class of patients have been found presenting the leading features of enteric fever, but in so mild a form, as not to disqualify them for out-door exercise more than a few hours during the evening exacerbations of each day. They complain of lassitude, wandering pains, anorexia, and a clammy, unpleasant taste in the mouth. The tongue, if it has departed at all from its normal condition, presents a slightly elevated condition of the papillæ, having its dorsum plastered over with a light yellow, slimy coat, more or less dense and tenacious. Diarrhœa may be present after the case has progressed for ten or twelve days, but, as a general remark, the bowels are characterized by torpor; rather susceptible, however, to the action of cathartic remedies. The pulse stamps these cases with the unmistakable impress of typhoid fever. It is uniformly above the natural standard, ranging, throughout the twenty-four hours, about one hundred; generally exceeding this number during the evening exacerbation. The skin is devoid of moisture, and of an elevated temperature in the afternoon and night, when all the symptoms are usually increased. At night, the patient is vigilant and restless. Typhoid eruptions are rarely, if ever, found present in this mild form of the disease. The above condition continues from day to day, and from week to week, without any material change or aggravation, until the affection has passed through the period common to the severer forms of the disease.

Interesting as this group of symptoms may be, in assisting the mind to unravel some of the obscurities which still cluster around the nature and pathology of enteric fever, yet they fall infinitely short of those into which the above may insidiously though certainly pass, menacing the lives of those who may be the subjects of their uncontrollable ravages. Often, an injudicious bolus or unguarded potion, administered by sympathizing friends, will prove sufficient to change the placid current of these mild cases into the most severe and even fatal forms of the disease. It may be, and generally is the case, that the graver types of enteric fever are ushered in by phenomena less vague, and augur, from the beginning, a stormy future for the patient. We have utter prostration of the strength and vital energies; intellectual obtuseness; restlessness; mental aberrations, beginning first at night, but finally extending over the entire day; total perversion or suspension of all the secreting functions; diarrhoea from the inception of the disease, refusing abeyance to the most prompt and energetic medication; finally, terminating in profuse and perhaps fatal hemorrhage of the bowels, epistaxis, dry and harsh skin, mottled with characteristic eruptions; pulse quick, compressible, and ranging from 105 to 140 beats per minute. Between these two wide extremes, almost every possible phase and grade will be found to exist in every visitation. Generally, however, there is considerable uniformity in the symptoms and tendencies of the disease in each locality, and every particular epidemic. The exceptions and diversities I have named; and they doubtless have been some of the instrumentalities which have given origin to such discrepant sentiments among American and transatlantic authors, upon the subject of typhoid fever. Each has viewed the disease from a different point of observation, and drawn corresponding conclusions. Each, while he was correct so far as his investigations had led him, erred in being unable to contemplate the diversified aspects which enteric fever is capable of taking on. In my humble opinion, the first-named cases, or the milder type, is as certainly and unequivocally typhoid fever as the latter. In it there are all the essential phenomena, though scarcely severe enough, in some instances, to amount to disease; yet the general, functional, and physical torpor, and uniformly accelerated action of the heart and arteries, stamp these cases with a typhoid im-

press which is not easy to be mistaken. The protracted course which this form of disease is invariably wont to run, and occurring as it does in the same families and neighborhoods with acknowledged enteric fever, are also valuable diagnostic elements in demonstrating the identity of the two forms of the affection.

Diagnosis.—Occasionally, it becomes no easy task to recognize the presence of pure enteric fever, with unerring certainty, when it even exists. The various shades and degrees of intensity which at different times attend this disorder, that, to determine at once whether a given case is genuine typhoid fever, or only a *typhoid condition* superadded to certain other forms of disease, requires extensive experience and more than ordinary diagnostic acumen. Notwithstanding the apparent similarity that subsists between true typhoid fever and a typhoid condition, in general appearances and symptoms, the pathology of the two affections is essentially distinct. The latter is a significant train of symptoms, which may supervene in the course of any disease, pointing to an enfeebled condition of the life-force, and a greatly impoverished state of the fluids. It is more prone to be engrafted upon some affections than others; but all are more or less liable to this form, if they are protracted in their nature or enervating in character. In the South and West, this is especially true of miasmatic affections. If not arrested in eight or ten days, they all are wont to put on many of the more palpable features of genuine enteric fever. The morning remissions, which, in the severe and inflammatory forms of bilious fever, were indistinct, now become less marked, until they are almost wholly lost; the pulse increases in frequency, and loses its volume; the tongue contracts, and becomes uniformly parched, and loaded with a dark brown or black coat, with fiery tips and edges; sordes accumulate about the teeth and lips. The depressing nausea in a great measure ceases, or disappears entirely; the bowels are disposed to run off; the skin presents a dark tawny hue, dry, and above the natural temperature, though, as a general thing, the heat is irregularly distributed, some parts being above and others below the normal standard; delirium, coma, jactitation, subsultus, and sinking in bed, are also present. When these cases are insidious in their origin, or the history of them is imperfect, it often becomes im-

possible to form a correct diagnosis, especially if typhoid fever is prevalent in the district.

In the central portion of the Miami Valley, and, indeed, throughout the entire West, the past season has been remarkably prolific of bilious and intermitting diseases. Enteric fever has also occasionally been present, to complicate the former and puzzle the practitioner. These latter cases would appear, and, for the first six or eight days, present the usual phenomena of mild bilious remitting fever, having, in many instances, morning remissions quite distinct. After correcting the deranged secretions, and administering twenty, thirty, forty, sixty, and even a drachm and a half of sulphate of quinia, in divided doses, the practitioner would be aroused to the painful consciousness that he had something else than remitting fever to combat, and that instead of his patient getting up in a week, or fortnight at furthest, as he had perhaps promised, he is doomed to see him linger out double and perhaps treble that period upon his back, and perchance finally succumb to the joint action of the disease and hypermedication—the latter doing its full share of the fatal work. I treated one unfortunate young man, during the first ten days of last September, with symptoms differing in no essential manner, as I could discover, from half a score of other patients who were laboring under bilious fever at the time, and who recovered usually within a week, after using alteratives, diaphoretics, and quinia. At the end of the above period, after leaving him in the morning comparatively comfortable, I was summoned in great haste, at four o'clock, to the bedside of my patient, and was shown a vessel containing three pints of dark, grumous blood, which he had passed per anum. I exhibited tannin, oil of turpentine, and stimulants in full doses. Blood continued to pass from the bowels involuntarily, and he expired in three and a half hours after the first discharge of blood. Upon inquiring more minutely into the former history of this case, I learned that the patient had been complaining for a week or more anterior to my first visit, and, during the progress of the disease, there was more than the usual amount of restlessness, subsultus, deafness, and muscular prostration present than attended the ordinary attacks of bilious fever. The bowels were inclined to torpor up to the day before the appearance of the fatal hemorrhage, when astringents had to be

resorted to, to prevent excessive action. A *post-mortem* could not be obtained, thus leaving the source of bleeding *inferential*. To my mind, the disease was typhoid fever, and the hemorrhage was the result of perforative ulceration of the intestines.

Another class of patients occasionally present themselves, the essential nature and pathology of which is not by any means clear. They appear like the ordinary bilious remitting fever, and at the same time when this latter affection is prevalent. After running rather an ambiguous course, presenting the joint phenomena of bilious and enteric fevers variously blended, for eight or ten days, under the free exhibition of quinine during the morning apyrexia, the febrile symptoms suddenly give way, and without any definite cause the patients are often confined to their beds for a fortnight longer. In several instances, slight diarrhoea has attended this latter stage. The pulse ranges from 95 to 115 per minute. The patients enjoy comparative immunity from pain, have but little appetite, no perceptible fever, are occasionally vigilant and rather restless at nights.

When these two affections are prevailing in the same locality at the same period, I know of no pathognomonic characteristic which will not occasionally deceive in the early stages. After the cases have progressed a week or fortnight, there is less difficulty and ambiguity attending the diagnosis. The insidious approach of typhoid—in mild cases the patient often complains of *malaise* for a week or ten days before taking his bed, the uniform frequency of the pulse throughout the entire twenty-four hours, perverted sensations, and partial deafness may assist in distinguishing it from the sudden invasion, depressing nausea, pain and distinct evening exacerbations of bilious remitting fever. The third day of bilious, and the eighth or tenth of typhoid fever, of corresponding grades of severity, often present many phenomena in common. Subsequent to this period the symptoms diverge; the former, if properly treated, takes on distinct remissions, while the latter becomes continuous; diarrhoea often supervenes, and occasionally a rose-colored rash appears about this time over the abdomen and chest of the patient. This symptom—rose rash—so much relied on as pathognomonic of enteric fever, by some, has not been present in any great proportion of even the fatal cases which have occurred in this district. At certain seasons,

and in particular localities, lenticular spots are of universal occurrence. I have seen some patients whose surface was as mottled as though they were laboring under an attack of measles, and still suffer but indifferently from the associated typhoid fever.

Typhus fever has by some eminent authorities been considered a modification of typhoid. The former is not a native of this part of the Miami Valley, and I will not, therefore, enter into a contrast of their distinct nature and symptoms. Those who have seen the two affections, side by side, will not readily make this mistake.

Nature.—The precise nature of typhoid fever has not yet been made out distinctly. The pathological lesions resulting from the above disease are exceedingly diversified. There is a proneness in the morbid process to inflammation of the various important viscera of the body, but there is an absence of sufficient uniformity in these phenomena to induce the belief that any one of them is essential to the full and perfect development of the disease. The mesenteric glands, spleen, lungs, stomach, liver and kidneys, usually evince the result of an inflammatory action, in the order of their enumeration. But very many patients die of this disease without a majority, or even any one of these organs being affected. The mucous follicles of the ilium are found to be invaded by morbid action, more constantly than any other structure. This is the case so uniformly, that a majority of physicians and pathologists of the present day consider inflammation and ulceration of these crypts as indispensable to the full development of enteric fever.

This conclusion is illegitimate from the premises, and is not borne out by the facts and history of the disease. Almost every physician who has made *post-mortem* examinations upon a scale at all extensive, on subjects dying of typhoid fever, assure us that cases are not rare, which, during life, presented all the symptoms of the above disease, in a very perfect manner; but in whom, after death, there was a total absence of organic change in the elliptical plates of the ilium. There is a vast number of cases presenting themselves in this locality annually, furnishing the leading phenomena of enteric fever, but in such a modified form as to preclude the idea of any serious organic action going on in the human economy. Occasionally disease of this character ex-

tends over a vast area of country, affecting the inhabitants in so mild a manner as scarcely to destroy the life of a single individual. Then, again, these cases occur in the same district, and even the same family, with the most grave and unequivocal seizures of enteric fever; leaving no room for doubting their identity. These mild forms of the disease rarely, if ever, gratify the physician with a necroscopy, by which to establish the pathology; but there is a total absence in them of all the physical and rational evidences, internal and external, of the existence of ulceration, or even any serious amount of inflammatory action going on in the mucous coat of the bowels.

Those who urge the joint presence of "diarrhœa and rose rash," as indispensable to the existence of typhoid fever, will not admit that these cases belong to the above affection; but when whole rural districts furnish indubitable evidence to the contrary, it is irrational and dogmatic to gainsay such truths. I am clearly of the opinion that in a great majority of the serious cases of typhoid fever occurring in large cities, and even in certain epidemics, inflammation and ulceration of Peyer's patches exist; and I am equally convinced that genuine typhoid fever can and does occur, every season, in the West, without the latter pathological condition ever being produced. I am rather inclined to the belief in those mild forms of enteric fever, attended with torpor and inactivity of the bowels, that congestion and perhaps inflammation, to a limited extent, may and does take place. I do not know of anything that is inconsistent with this view of the subject, and it is sustained by the fact, that when general congestion and inflammation of the bowels do occur, constipation of the most obstinate character is almost universally found present. One difference in the two states is that in the former the bowels are extremely sensitive to the action of physic, small quantities often being sufficient to induce uncontrollable diarrhœa, while in the latter the opposite obtains.

There are certain discolorations of the skin, or cutaneous eruptions, upon the presence of which some nosologists make typhoid fever depend. Others go even further than this, and declare that the above condition of the skin is not only essential to the full development of enteric fever, but that it is an infallible index to the condition of the mucous surface of the ilium, pointing directly to

ulceration of the glands of Peyer, upon which latter pathological condition they depend. So far as this goes, it may be entirely correct, but it is equally certain that all cases of ulceration of the elliptical plates in this disease, do not reflect their ultimate pathology upon the tegumentary covering of the body, in the form of "rose rash." This eruption, like many other symptoms of enteric fever, is vastly more frequent in its appearance in certain visitations than others. When present, I esteem it of great diagnostic value; yet it is so often wanting that it becomes of no great value in making an opinion of typhoid fever, as it exists in this locality.

At some period during the progress of the disease diarrhoea, more or less obstinate, is almost certain to appear. In a few cases looseness of the bowels precedes all other symptoms, in the approach of typhoid fever; but as a general remark, it does not come on until the sixth or eighth day after the affection has fairly commenced; and then it is often the result of some cathartic remedy, which has been administered to relieve the overloaded bowels. This has been the most uniform manner in which this feature of the disease develops itself among us. Up to the above mentioned period the bowels remain inactive, requiring some artificial assistance to secure their evacuation. May not this condition answer to the stage of congestion of the elliptical plates of the ilium, and correspond with the milder types of the disease, in which diarrhoea is never found to exist? After the first or second portion of cathartic medicine is administered, it is not unfrequently that we are called upon to prescribe the free use of astringents, to restrain the exhausting diarrhoea which follows.

Diarrhoea, during the progress of the severer forms of enteric fever, is the rule, to which there are few if any exceptions. In the milder types, however, this does not obtain, unless induced by the injudicious exhibition of purgatives. Thus far, then, as a diagnostic element of the affection under consideration, it is of little value to the practitioner. His conclusions must be drawn from the general physiognomy of the disease, guided by the same general principles of liberality which are exercised towards other maladies, and not from the dogmas of any particular school or nosologist.

Transmission.—Typhoid fever has prevailed generally in the

central portion of the Miami Valley in the form of an epidemic, with more or less distinctness. Sporadic cases are only of occasional occurrence. There have been exceptions to the above mode of transmitting the disease. That exception has been *contagion*. Of this fact the most indubitable evidence has been furnished during the past year, in several different localities where the disease has been prevalent. The following circumstances will best illustrate the subject. Mr. E. H. Thomas, living in a village adjacent to Dayton, Ohio, visited his son in Eastern Indiana, who was ill of typhoid fever. The father ministered to the wants of his son, until the latter died. Two weeks after returning home, Mr. T. was seized with typhoid fever, which run a protracted course to convalescence. He had a family of eight in number, out of which six took the disease, and five died. A married daughter, who lived several miles from the paternal homestead, but who spent most of the time with her afflicted family, contracted the affection, and died of hemorrhage of the bowels. Her husband, also, took the disease, and recovered. As soon as he was able to travel, he moved to his father's house, forty miles distant. About ten days subsequent to his arrival at this latter place, his infant daughter, who nursed its mother during her late illness, took enteric fever, and finally convalesced. From this isolated case, every member of this household was seized with the disease, and one died. The old lady of sound constitution was here taken with the disease, who escaped while nursing her son and daughter-in-law, in a distant neighborhood.

A servant girl residing in the family of Mr. Emily, when typhoid fever was prevailing, took the disease, and was conveyed ten miles, to her home, in a distant locality. This district at the time was free from disease. When she was received by her own family, they were all in the enjoyment of health, without any qualification. Within the succeeding two months, nine out of the ten inmates of this house took enteric fever, and six died. After relapsing, the servant girl by whom the disease was imported, died also. The man who escaped from an attack in this family, was engaged most of the time in labor out doors, attending upon stock. I might amplify upon the above instances, but they abundantly establish the point sought to be demonstrated. It is worthy of note that when Mr. Thomas returned from Indi-

ana, his own village was free from typhoid fever, and the disease from his family spread to the neighbors, and still prevails in that locality.

Treatment.—The correct treatment to be instituted in typhoid fever is still as obscure as the nature and pathology of the affection. Patients recover under the most opposite courses of medication, and even unassisted, save by *vis medicatrix naturæ*. Some claim that the disease can be cut short by timely assistance. Dr. Stokes, in a recent lecture delivered before the medical class, at the Meath Hospital, Dublin, inculcated this idea. His remedy is ipecacuanha, as an emetic. Others have demonstrated, as they think, the impracticability of this doctrine. The opinion is generally prevalent that the typhoid fever of this country cannot be arrested, in the same light that we attach to this expression when applied to remitting diseases. With our present knowledge upon the subject, I think that the contributing duty of the physician in the treatment of typhoid fever is to guard as far as possible against the development of the various local inflammations which are prone to complicate the disease. When this is done, his duty is to *watch*, and with all the light which science and an enlightened judgment can disclose, lead the patient to a safe convalescence. Hypermedication in this disease is vastly more hazardous to the life of the patient than no treatment at all. This remark is especially applicable to the use of cathartic remedies. We often hear it from the patients or their friends, that the dose of oil, rhubarb, or pills prescribed at the last visit, continues still to act, or operated freely; and, to our astonishment, find that what was designed as a simple laxative has operated a score or more of times, to the great detriment of the patient.

The above cases, which, of course, include only those attended with torpor of the bowels, before this unfortunate dose, promised a favorable issue to the subject; but now put on a train of symptoms the very opposite. The most active restraining remedies are demanded to control the action of the unduly excited bowels. This state of affairs may continue during the entire subsequent course of the affection. It therefore becomes a subject of no ordinary importance for the successful issue of the case, to know when and how to evacuate the alimentary tube in typhoid fever. In the early stage of an attack, supposed to be enteric fever,

nothing but the mildest laxatives should be resorted to, and then only in moderate portions. If the first does not act sufficiently, the second should never be administered, but dependence be placed in the operation of enemata. These will speedily accomplish our purposes.

In the more advanced stages of the affection, when there is no longer any doubt concerning the typhoid nature of the attack, if the bowels do not act as often as desirable, injections should only be used, and those, too, of the mildest character. It is impossible, almost, to resist the force of habit, and the oft solicitation of the friends, to secure at least a free evacuation from the bowels of the patient, every twenty-four hours. In my judgment, a greater error is thus induced, in the treatment of typhoid fever, than in any other one respect. The chief danger to patients affected with this disease, is from diarrhoea, or inflammation and ulceration of the associated glands of the ilium. If these are not superinduced, the prospect is that the physician will have but little to do, and that the patient will recover. If these views are correct, and I believe they are sustained by sound philosophy and ample experience, physic should never be given to patients laboring under enteric fever, unless there is a positive indication, in restlessness, increase of fever, and a general aggravation of all the symptoms. But how long should we wait for these phenomena? I would say as long as they did not appear, or as long as the patient was doing well—four, six, eight or ten days, and then procure an operation with injections.

Mercurials should be used so far only as they are indicated, to correct obvious derangements of the secretions. They never ought to be pushed to the extent of superinducing ptyalism. This condition is not only not desirable or justifiable, but is positively prejudicial to the present and perspective interest of the patient. It is a state eminently aplastic and enervating in its influence upon the human economy, and should be scrupulously avoided in typhoid fever.

Quinine is a remedy often of great value in enteric fever. It will not arrest the disease, or cut short its career. I am not prepared to say the precise extent which large doses of this remedy will influence the disease under consideration, but this much may be stated, as the result of several years' experience, and careful

observation, that in some cases the disease appears to be aggravated by the administration of the drug, and in others, as those cases alluded to on a former page, the fever is terminated, but the patient is left in a condition little, if any better off than though this condition had not been influenced. The agent is most reliable as a tonic, in the concluding stage of the disease.

Diaphoretics, diuretics, anodynes and sedatives, variously combined, are general remedies demanded in almost every case and state of typhoid fever, to which may be added revulsions, absorbents, alterants, astringents, tonics, stimulants, and nutriments. The precise time when these latter remedies should be used, and the nature of their combination, will be determined by the nature of the particular case under consideration, and the judgment of the practitioner. By far too much medication is bestowed upon patients laboring under typhoid fever. Their condition is often aggravated rather than ameliorated.

ART. II.—*A Case of Locked Head with its Sequelæ.*

BY WM. JOHNSON, M. D., of White House, New Jersey.

THE subject of the following notice is Ellen, the wife of P. E. C., aged about 32 years. She is tall, slender, anæmic, and has been from childhood unhealthy. For some weeks back her feet and legs have been cedematous, owing to her peculiar condition. I saw her early in the morning of the 24th of November, 1855, in company with my son, Dr. Thomas Johnson, who had been in attendance during the whole of the past night. It was a *primipara* case. Although the case had been so protracted (the patient having been in labor two nights and a day), she retained a good degree of strength, and there was a reasonable prospect that labor might be terminated in the course of the forenoon. The membranes had not ruptured, but the os uteri was dilated as large as the palm of the hand, and dilatable to any requisite extent; the head was also pretty low down in the pelvis. She was not, however, delivered at nine o'clock in the evening. My son again sent for me, and, upon examination per vaginam, I found that the

child's head had made no advance since morning. My son stated that the pains had become very inefficient, and that he had administered about two ounces of tincture of ergot, in divided doses, but that the effect had not been very decided. There was none of that continuous pain produced which is characteristic of ergotism, but the clonic contractions of the uterus had certainly been augmented. The head of the child was firmly impacted in the diagonal position in which it had passed the superior strait; and digital manipulation could not effect the version of the occiput under the arch of the pubes. *The patient's genitalia were exceedingly tender to the touch; in fact there was great tenderness over the whole abdomen, too much entirely to warrant the application of the forceps.* The probability was, that even had I been able to make a successful application of the forceps to the child's head, I could not have effected delivery by them, without impairing the integrity of the maternal structures. Delivery of the mother was now clearly indicated; alarming exhaustion was approaching; great prostration of the patient's strength had taken place; her pulse 120 in the minute, and irritated. I decided upon the use of the crotchet as the only safe resource. I opened the cranium of the child with the perforator, and broke up the cranial structures. The crotchet was now applied, but it repeatedly broke its hold; it was received into my left hand placed under it, so as to avoid injury to the maternal structures. I soon effected the delivery of the mother, but not without considerable traction on the child's head. After the removal of the child, I endeavored to excite uterine action for effecting the deliverance of the secundines. Firm abdominal pressure, and grasping of the uterus with the palm of the hand and fingers, aroused it to *partial action*. There was considerable drainage from the uterus, and finding a part of the placenta hanging in the vagina, and in hopes that by its removal the womb might contract, and the discharge cease, I made *very gentle traction* upon it and removed it. Here, however, I committed an error—the hand should have been introduced, uterine action excited, and the placenta then removed. The patient's parts were so sore, and she so much exhausted, and wishing to avoid giving her additional pain, I pursued the course which I have stated. I saw my error when too late—the uterus did not contract, and most profuse hemorrhage supervened. I verily be-

lieve that the patient would have died in a very few minutes, if the discharge had not been arrested. As soon as I could get my coat off and shirt sleeves rolled up, I attempted to pass my hand into the uterus; it was, however, arrested near the os by a large protruding body which for a single moment I thought to be a coagulum, but directly discovered the mistake, for it was much firmer in its structure than the placenta which I had removed, and I soon found that it was the fundus uteri, about to descend through the os. I can compare the impression given to my hand to nothing but *the crown of a hat knocked in, as far as it could be made to reach towards the bottom.* In a minute or two more there would have been complete inversion of the uterus. I immediately set about rectifying the malposition which the uterus had assumed; I placed my left hand firmly against the fundus, whilst with the fingers of my right hand, still *intra uterum*, placed opposite and right upon the indented and knocked in womb, I endeavored to remove the indentation; irregular contraction pertinaciously opposed restoration to the normal condition. After a perseverance of many minutes, I effected my object. The womb contracted and I removed my hand. *Not the slightest hemorrhage now existed. The patient had also taken two five grain doses of plumbi acetat.* She remained for some hours exceedingly exhausted, and required the administration of several teaspoonful doses of brandy. Cold applications were made for a few hours to the abdomen. My son, although he had not slept in two preceding nights, watched with her until morning. She then rallied very much and he substituted smaller doses of *sp. æth. nit.* in place of the brandy.

Nov. 25. Patient considerably recruited; pulse 100, and more volume; countenance good; much abdominal tenderness; great thirst; had been allowed cold drink; gave a single dose of sulph. morph. upon account of after-pain. She has not urinated, and I passed the catheter, and drew off one pint of urine.

26th. Patient better; pulse losing its frequency; thirst abating, appetite returning; patient's whole appearance promising; drew off one quart of urine by the catheter. The nurse directed my attention to a remarkable discoloration of the patient's tongue. I pressed down the under lip, and found as great a discoloration of the gums and teeth as I have ever witnessed from the administration

of the plumbi acetæ. The discoloration extended to the junction of the gums with the under lip. The patient had taken but ten grains of the article. No colic or abdominal pain, other than that which is consequent upon the patient's condition, was present.

27th. Patient doing well; soreness wearing off; pulse losing its frequency, under 100; has urinated by voluntary effort; prescribed ol. ricini, to unload her bowels.

28th. Patient not quite so well to-day; oil had operated rather too freely; and the mammary secretion had produced some fever; pulse 120.

29th. Found the patient much as yesterday; pulse 120; skin of normal temperature; discoloration of tongue and gums fading; evacuations from bowels very dark; probably from the plumbi acetæ; there is a pretty large sanguine tumor of the left labium; it has found some vent and is discharging blood. I advised a poultice of slippery elm and sassafras to be applied every two hours moderately warm; sinapisms to abdomen twice a day; ordered beef tea; gave sp. æth. nit. and pulv. Doveri.

30th. Patient doing well; countenance bright; pulse losing its frequency; the tumor of bloody infiltration of the labium disappearing; considerable blood has been discharged and is still discharging; she evacuates bladder by voluntary effort; no abdominal tenderness except immediately over the uterus, nor abdominal fulness; continue beef tea and sp. æth. nit.; discontinue Dover's powders.

Dec. 1. Saw Mrs. C. last evening, not so well as in the morning. There were pain and tenderness about the pubes. I could feel the uterus above the pubes, tender but not much enlarged; pulse more frequent than in the morning; complains of frequent inclination to urinate, but not relieved by emptying the bladder. I prescribed one-sixth of a grain of sulphate of morphia every two hours. To-day not much relieved; more fulness of the abdomen over uterus, which was last evening soft; not much tenderness of abdomen except at its lower part. I directed fomentations of the abdomen with ol. terebinth. to be frequently renewed, and to take two grains of calomel and ten grains of Dover's powder every two hours, unless the Dover produce stupor; sp. æth. nit. with every alternate dose.

2d. Patient rather improved; countenance good; pulse 100;

less abdominal tenderness and fulness; tongue cleaning; appetite improving. Her bowels have not been moved in several days; directed enema; continue the local application of ol. terebinth., but as its irritant effects have been so great, let it be applied half an hour at a time every eight hours, followed by poultice of elm bark.

3d. The calomel, which had been given as an alterative, has operated violently on the bowels; uterine distress increased; much irritation in the urethra urging to frequent micturition, and much distress after emptying bladder. I examined patient by the vagina, and found os uteri full and very tender to the touch, giving patient much pain. The uterus is evidently inflamed, but inflammation has not spread to peritoneum; pulse 110, morning, increased to 120, afternoon. Although inflammation is evidently present, I advised a more nutritious diet, consisting of weak chicken soup, and frequently administered; to give starch by injection, and to add twenty-five drops of laudanum to the injection. The evacuations from the bowels are mucous and slightly tinged with blood. To continue Dover's powder every two hours, and as the calomel had run off from the bowels, to substitute inunction of *ung. hydrarg. fort.* on the inner sides of the thigh; a drachm of the ointment to be rubbed into each thigh three times a day.

In the afternoon of this day I met with Dr. Honeyman in consultation, who approved of the treatment, but suggested the possibility of the ol. terebinth. increasing by its absorption the distress in the urethra, and advised the substitution of alcohol, and if not relieved to apply an epispastic. To the suggestion I acceded, although this affection of the urethra was present at the time I first used the terebinthinate.

4th. Some improvement of the patient to-day. Pulse has lost some of its frequency, 102; some evidences of mercurial action being established; gums somewhat puffy; tongue whiter; fetor of breath; countenance improved; much less uterine tenderness; abdomen softer; more relish for food. Omit the mercurial inunction; continue opium every two hours; bowels have not been purged in ten or twelve hours.

5th. Patient continues to improve; expression of her countenance good; pulse 108; tongue not so white as yesterday; bowels moved twice since yesterday; stools more consistent; pain in uri-

nating much less; tumefaction of the abdomen less; can bear much more pressure over the womb; more appetite, and feels herself altogether better. Although her tongue is swollen, mouth sore and gums puffy, and the mercurial fetor readily detected in the breath, the salivary secretion is not increased; still think it best to refrain from further mercurial inunction. Continue the one grain of opium every two hours.

6th. Patient continues to improve; is evidently under mercurial influence, although the salivary secretion is not increased; gums puffy; tongue swollen and somewhat coated; breath fetid; abdominal tumor has disappeared; patient can bear free pressure over the uterus; abdomen wrinkled; tumor of labium has nearly disappeared; cedematous tumefaction of legs gone; the patient's bowels are very slightly disturbed two or three times daily. She takes a grain of opium with a grain of ipecacuanha, and five grains of chalk every two hours. It produces no drowsiness.

7th. Patient doing well; no alteration necessary in treatment.

10th. Patient still improving; pulse remains at 100; countenance bright; appetite good; abdominal fulness entirely gone; very slight tenderness immediately over uterus; has had her clothes all changed to-day; is much stronger; sits up in bed and takes her food; takes one grain of opium every three hours; has taken every two hours until to-day.

14th. Patient still doing well; takes half a grain of opium every four hours; appetite and strength improving.

Remarks.—1. It is not my purpose, at present, to discuss the morality of embryulcia; it is an operation revolting to the sensitive mind, and one which dire necessity alone can sanction. But surely the mother, in the full development of her powers, and the physical and social enjoyments of her position, is infinitely more entitled to the benefits of the prohibition, "thou shalt not kill," than her infant, who has barely entered on untried being, and whose probabilities for life are comparatively small. Had I resorted to an operation earlier, it would have saved the mother much unnecessary pain, and have exposed her structures to much less risk, but would have subjected me to painful reflections. As it was, I was perfectly satisfied of the incompetency of nature to effect the expulsion of the child, and that longer delay would have exposed

the mother's structures to irreparable mischief, and her life to imminent danger.

2. I was blameworthy in the atonic condition of this patient's uterus to make the slightest traction on the placenta, although it was hanging in the vagina, and too much drainage going on to admit of longer efforts to arouse the dormant energies of the organ. I departed from my usual practice in this case, and for the reasons which I have already assigned; these reasons were not tenable. The true practice would have been to have passed the hand into the uterus, excited its contractions, and then to have removed the placenta. This course, in my hands, has always been successful.

About twenty years since, I had a case, in some respects similar to this. It was an exceedingly protracted *primipara* case. I did not, however, resort to instruments. After the expulsion of the child, which was living, I removed the placenta which was hanging in the vagina. The uterus had contracted, and was felt firm above the pubes, but as I withdrew the placenta I found that the uterus had followed. I introduced my hand and found the fundus in the vagina. I carried it up through the os, and high into the abdomen, and, after holding my hand there until contraction ensued, slowly withdrew it. The uterus remained *in situ*, and no unpleasant results followed; the recovery was good.

3. I have never before witnessed discoloration of the gums from so small a quantity as ten grains of plumbi acetat. The discoloration extended over the lower gums to their union with the lips, and was persistent until supplanted by mercurial impregnation.

4. The great power of mercury as an antiphlogistic was most signally displayed in the arrest of uterine disease. As soon as ever the system felt its influence, there was a most unmistakable improvement in this patient's condition, and which went on steadily to its completion in health.

5. Opium displayed marked powers in this case, and from the 1st to the 8th of December, the patient took twelve grains a day. It did not produce the slightest degree of stupor, but the patient's countenance was bright. It was given, combined with ipecacuanha, in the form of Dover's powder, or with chalk and ipecacuanha. It mitigated pain, quieted nervous excitement, re-

strained inordinate evacuations from the bowels, kept the skin in a pleasant condition, and obtunded the irritability of the system.

6. It deserves a passing notice, and is certainly a most remarkable coincidence, that Mrs. C.'s nearest neighbor, living within less than fifty yards from her, should be taken in labor with a first child about the same time with her, and also require instrumental aid in her delivery, but so it was. I delivered Mrs. V. in the morning with the forceps, and Mrs. C. in the evening with the crotchet. Mrs. V. and child did well, and their recoveries were rapid. I was induced to use the forceps in this case from exhaustion of the mother. Vomiting commenced with her labor, and was repeated upon the accession of every pain for the space of forty-eight hours, and, after the stomach could reject nothing, violent retching was substituted. The nervous energies, instead of being influenced in exciting uterine contraction, were completely expended upon the stomach. Labor was not advanced as is usual by this vomiting. The lancet produced more relaxation of the os uteri than did all this vomiting, and, when the child's head occupied the floor of the pelvis, I applied the forceps and saved the mother some hours of further suffering.

ART. III.—*Lard as an Antidote to Strychnia*. By W. G. THOMAS, M. D., of Camden, N. J.

HAVING seen an article in the *Journal of Pharmacy*, written by a physician of Virginia, detailing some experiments, which he thinks proves lard an antidote to strychnia, I was induced to repeat his experiments. I at first (acting upon the suggestion of the editor of the *Journal*) tried olive oil. The cats all died in a period of time varying from five to fifteen minutes. I then tried the lard; it also failed. The animals experimented on (dogs and cats), expired in about the time usually observed in poisoning by strychnia. One of the cases, a large poodle dog, after taking a half grain of strychnia, *ate two pounds of lard*. Convulsions came on in thirty minutes, fearfully violent; subsided and came on again in an hour, and a few hours after he was found *dead*. This case may

seem to have had its end postponed by the antidote (?). But another dog, of equal size, which took the same quantity of the poison and *no lard*, lived twenty-four hours, with occasional convulsions, before he died.

The correspondent of the *Journal* was sure his strychnia was a good article. I am equally certain that *my lard* was Simon pure, as I procured it from Mr. George House, druggist, in this city.

I would ask the question—Are not medical correspondents generally *rather* hasty in bringing new remedies and antidotes before the public?

The experiments were made immediately upon the appearance of the article in the *Journal*. But I deferred making them public, hoping some other physician would give his experience with the alleged antidote.

BIOGRAPHY.

ART. IV.—*Biography of John W. Francis, A. M., M. D., LL. D., &c.*

IN the short space allotted for a sketch of the life of Dr. Francis, we can but give the briefest possible catalogue only, of its principal events. Probably no man exists in the profession, in this country, of so wide-spread reputation; and this is due to the universality of his mind, as well as the comprehensiveness of its attainments. The natural powers of Dr. Francis were of a superior order, and they have been strengthened by laborious study, and fertilized by constant intimate communication with the men most distinguished in every branch of science on both sides of the Atlantic.

While actively pursuing the practice of his laborious profession, indefatigable in his toil, and unwearied when duty called, he has not been content with assiduously watching the novelties and additions to his art made by others, but by extended observation and careful analyses he has himself, in various directions, enlarged the sphere of knowledge, and returned a bountiful usury for the ten talents committed to his trust.

And not only in the direction of his much loved art has the pen of the scholar added a mite to the accumulations of time; in kindred scientific investigations, in the paths of belles-lettres, biographical history, &c., he has marked his path.

When we survey the actual amount of the Dr.'s contribution to science and literature, recognizing the time-devouring calls of an active professional practice, and knowing his omnipresence at all occasions of public importance, of literary and benevolent interest, or where taste and elegance are displayed, his constant hospitality, which makes his genial home the resort of the cultivated, we are astonished at its vast amount. It is only when we note his vigorous constitution, his untiring energy and peculiar mental characteristics, combined with the knowledge that for upwards of forty years, four hours only in the twenty-four have been given to sleep, that we are able to conceive the reality.

We are permitted here but to briefly allude to those portions of his career especially connected with medicine. Those who seek for more extended knowledge may find its traces *passim* in the literature of our country, and in the numerous short biographies published in the various literary journals of the day during the last twenty years.

John Wakefield Francis was born in the city of New York in the year 1789. His father, Melchior Francis, was a native of Nuremberg, Germany, who came hither shortly after the establishment of American independence. In New York, he was a tradesman distinguished for integrity and enterprise. He was cut off by the yellow fever. His mother was a lady of Philadelphia, originally of a family of Berne, Switzerland, by name Somers. In youth he chose the calling of a printer, like his prototype, whom he personally much resembles, Franklin; anecdotes are related of his meal-time hours dividedly spent between his frugal repast and a Latin grammar.

While in this employment, his inquiring mind made him one of the first subscribers to the English edition of *Rees's Cyclopaedia*, to which he afterwards became an important contributor, as also, later, to Brewster's American reprint.

Soon leaving the printing stick, however, he entered an advanced class in Columbia College, where, by assiduous labor, he at the same time made considerable advance in his subsequent

medical course. He graduated in 1809, and received his A. M. in 1812. On leaving college, he entered into the office of Dr. Hosack, then at the summit of his reputation, and took his degree of M. D. in 1811, from the College of Physicians and Surgeons, and his was the first name recorded on the list of graduates under the presidency of Dr. Bard, as it is now that of the sole survivor of that class.

His essay was on *The Use of Mercury*, a paper of great value, afterward published in the *Medical and Philosophical Register*, which attracted much attention in Europe, from a translation into the German language, and so marked his talents that Dr. Hosack urged him to unite with him in business, an opportunity for advancement too favorable to be refused, and which continued till 1820. He was soon appointed Lecturer on the Institutes of Medicine and Materia Medica in the State College.

In 1813, when the Medical Faculties of Columbia College and the "Physicians and Surgeons" were united, he was appointed by the Regents Professor of Materia Medica. At this time he was elected President of the Medico-Chirurgical Society, succeeding Dr. Mitchell.

About this period he visited Great Britain and a part of the Continent, having an intimate acquaintance with Abernethy, Jameson, Playfair, John Bell, Gregory, Brewster, the Duncans, Pearson, Brande, Gall, Denon, Dupuytren, and others, and was thus enabled to promote his scientific designs.

The choice works then collected were the germs of a library, now one of the most valuable private collections in the city.

In the various changes of the medical school to which he was attached, Dr. Francis was at one time Professor of the Institutes of Medicine, at another of Medical Jurisprudence, and again of Obstetrics, till his voluntary resignation in 1826, when he took part in the medical school founded in New York under the auspices of the charter of Rutgers' College. For almost twenty years, he was an assiduous and successful professor of various branches. With the dissolution of the school by legislative enactments closed Dr. Francis's professional career, but he has never ceased to hold a high place in the estimation of his professional brethren. He was the first President of the New York Academy of Medicine after its organization, and at the present

writing he again holds that high honor, as well as a similar relation to the Medical Board of Bellevue Hospital,* and the Women's Hospital of this city.

In the literature of his profession, Dr. Francis has been laborious. In 1810, in connection with Dr. Hosack, he founded the *American Medical and Philosophical Register*, an entirely original periodical, which he continued four years.

Denman's Midwifery will not be forgotten by the profession, in which his copious and valuable notes, and especially his erudite prefatory history of the art of midwifery, are among the most valuable American additions to the literature of the profession. It has passed through several editions, but is now unfortunately "out of print." His other works are: *Cases of Morbid Anatomy*; *On the Value of Vitriolic Emetics in the Membranous Stage of Croup*; *Facts and Inferences in Medical Jurisprudence*; *On the Anatomy of Drunkenness, and Death by Lightning, &c.*; *Essays on the Cholera of New York in 1832* (reprinted in Spanish); *On the Mineral Waters of Avon*; *Two Discourses before the Academy of Medicine* (the first of which was delivered in the Tabernacle to more than 4,000 persons, and as many more were supposed to have gone away not able to enter—the largest audience ever attending a medical association in America). *Biographical articles* of more than a hundred medical worthies, among the most prominent of whom are Drs. Mitchell, Miller, Kissam, Jones, Colden, Bruce, Stuber, Hosack, Walters, McNeven, Eberle, &c.; and other minor performances. He was also editor for some time of the *New York Medical and Physical Journal*. In a letter from London, June, 1816, he first noted the fact of the rare susceptibility of the human constitution to a second attack of pestilential yellow fever, an observation of immense importance to the human race.

Associated with many philanthropic individuals, he earnestly and effectually promoted the interests of humanity as a member of the Humane Society, and by his report in 1817-18 introduced mechanical apparatus for the sweeping of chimneys, thus doing away with the inhumanity of chimney boys.

He was the first therapeutically to employ croton oil, elaterium,

* By request of the Board, the portrait of Dr. Francis is now being painted for their use, by Mr. Wenzler, one of the first artists of the city.

and iodine, in this country, and to introduce them to the profession.

We cannot but enumerate here the many eloquent addresses replete with fact and fancy delivered by him before the Horticultural, Philolexian (of Columbia College), New York Lyceum of Natural History (translated into Welsh!), Historical, Typographical, and other societies, and at feasts and commemorations in honor of Webster, Cooper, and others.

Dr. Francis is member of numerous literary and scientific associations, and, among others, of the London Medico-Chirurgical Society, and, with De Witt Clinton, an honorary member of the Wernerian Society of Edinburgh, before whom he delivered an address on the natural history of the Hudson River. In 1850, he received the honorary degree of LL.D from Trinity College, Connecticut.

Among the most prominent of his public acts is the American Art Union Association, which owes its inception to Dr. Francis and his friend James Herring, an association of great public importance, and whose benefits as a charitable enterprise alone, irrespective of its refining influences, entitle its founders to the thanks of the community.

The New York Historical Society, so widely known for its rich treasures, found in him, in its hour of adversity and penury, a liberal donor, by which its perpetuity and usefulness were secured.

His relations with his professional brethren have always been of the most cordial description, while his helping hand held out to cheer the desponding young man beginning life, with his ever ready sympathies and encouragements, and more soothing still, by his actual help, by his personal interference and recommendation in his behalf; his lavish generosity, sometimes shamefully imposed upon, toward the unfortunate and suffering, especially the needy author or artist, endear him to all whose life is brightened by his acquaintance.

With a comfortable fortune, the fruit of his many years' toil; surrounded by friends in every sphere of life; in the enjoyment of health; with a united family distinguished by marked singleness of purpose; every comfort seemed to surround him and make life happy. But the destroyer came, and his eldest son, the inheritor of his name, his form and feature, his peculiar-

ties of mind and temper, when just ready to graduate with distinguished honor, and following in his footsteps, to bear his burdens for him, was taken away by typhus, contracted in professional pursuits.

The crowded church and the long procession of the choicest of the people of New York that followed his remains to their last resting place, testified at the same time their recognition of the noble virtues of the son, and their sympathies with the scholar, the physician, and the father.

The recently prepared "Memorial," by the poet Tuckerman, bears witness to the high talents so early ripened, so soon reaped, and to the undying affection of the loving parents' heart.

That he may live long and see his two remaining sons firmly established in that position which their careful training in literary pursuits, and mental and moral integrity, so especially has fitted them to fill; to be a solace to his single hearted wife (Maria Eliza Cutler), an ornament to society, and a joy to his numerous friends, is the hearty aspiration of those who know him best, and to which even every observer of his guileless features adds, Amen.

PATHOLOGICAL AND THERAPEUTICAL REPORTS.

ART. V.—*Hospital Cases.*PENNSYLVANIA HOSPITAL, *Philad'a*, Dec., 1855.

As a student on the benches, I have ventured to suppose that to many of your readers in active practice over the country, who have followed the round of hospital service in their younger life, a brief summary of the most suggestive cases that come before our present classes, will not fail to interest, as furnishing a clue to the innovations and improvements in practice, as they occur in our medical metropolis. Being collected from the rambling material of a note-book, they must not be regarded as *verbatim et literatim* of the clinical lectures, but as giving a form of substantives, in which the blanks are to be filled by the reader's own intelligence.

Dr. Wood in the medical, and Dr. Norris in the surgical wards, are now on duty. Fewer cases than usual of decided interest have presented this month—the following, however, are reported:—

1. OXALURIA.—Nov. 21. Young man; complained of vague epigastric uneasiness; tendency to constipation; furred tongue; and symptoms generally indicative of dyspepsia; was put under dietetic and medical treatment for dyspepsia with no positive improvement; complained of pains in his limbs, and there was an invariably frequent pulse; supposed that he might be laboring under undeveloped attack of rheumatism; and prescribed iodide of potassium, with but little benefit to the patient; he continued unwell.

Supposed that the urine might furnish evidence of his obscure affection, and directed it to be examined. Under the microscope there were revealed numbers of transparent octohedral crystals of oxalate of lime. No doubt that many of the patients who present no decisive marks of organic disease, and who are classed as hypochondriacs, if in their cases the urine was examined, a copious deposition of the oxalates would be found, and the physician led to the proper remedial measures.

Nitro-muriatic acid has been highly recommended in the treatment of the oxalic lithiasis. The disposition to presence of oxalic acid is changed to that of uric acid, and health restored as the excretion becomes normal. Put the patient on its use, *gtt. v. ter die*.

26th. Much improved; pulse normal; tongue cleaned; and pains ceased.

2. ACUTE RHEUMATISM.—Dec. 1. Irishman, *æt.* 40; been sick ten days before admission, "got a wetting, began to freeze—then came a great hate and pain altogether." Rheumatic pains in knees, hips, and wrists, accompanied with swelling, fever, furred tongue, etc.

How are we to treat rheumatism? In the majority of cases, the disease may be much ameliorated, and its duration shortened by the method pursued in the hospital, of bleeding during the first few days if the severity of the inflammation demand it, and following with active purgation, which latter is to be kept up by doses of cream of tartar and jalap, or senna, &c., every third day. Refrigerant diaphoretics to produce moderate arterial sedation, and Dover's powder at bedtime to allay pain and promote sleep, are conjoined, the latter not being employed until excitement is sufficiently moderated, unless the ipecac. is doubled in its proportion. About the seventh or tenth day of treatment, calomel *gr. j* is given with Dover's powder *gr. v*,

with a view to its alterative effects, and to guard against the accession of pericarditis. As a general rule, cases recover under this treatment in the latter part of the second, or beginning of the third week.

Lemon-juice in doses of $\text{f}\overline{\text{ss}}$ — ij several times a day has been highly recommended in this affection. It has been tried in the hospital, but has failed to give satisfaction, though it continues very popular in some quarters.

Dr. Garrod, of London, supposing that there exists an acid accumulation in the blood, has pursued an alkaline treatment, with a view to neutralizing the first. He uses an alkali combined with a vegetable acid, and has found the tartrate of potassa and soda especially applicable, as not likely to disturb the digestive apparatus. The tartaric acid is consumed by the nutritive processes, while the compound base unites with the excess of acid in the blood, forming salts respectively.

In the case before us, we shall adopt Dr. Garrod's treatment, conjoining Dover's powder at bedtime. Take of the tartrate, ss every two hours. It will be aperient and refrigerant; to add to latter effect, let him have citrate of potassa in neutral mixture.

If this treatment succeeds as it seems to with Dr. Garrod, it will be preferable to other modes.

6th. Feels better; urine decidedly alkaline; his blood is supersaturated with the alkali. For the first time since admission he spent a comfortable night. Continue treatment.

12th. On his feet; case has recovered in twelve days, which is doing well; encouraged to try the same treatment in future, until its efficacy is fully tested.

3. Dec. 12. An interesting case of **PERNICIOUS FEVER**, in the person of a stout German, æt 35. He was brought into the house the day before, in an exceedingly prostrated condition, imperfectly hearing, and incoherently answering questions addressed to him; skin cold, &c. Had attracted notice by his singular conduct in the street, having attached himself to an open wagon, which he was pulling about, without consciousness as to what he was at, or whither he was going.

The character of his symptoms, and the fact of this having been preceded by one or two analogous cases, which afterwards turned out to be fatal attacks of pernicious remittent, induced Dr. Wood to pronounce this the same; immediate stimulation internally and externally was directed to be followed if the slightest remission or intermission could be secured, by quinine. Reaction was produced, and gr. xxx of the sulphate administered.

While before the class, very evident premonitory symptoms of a second paroxysm showed themselves. The skin and breath became cool; a stupor spread over the features; and the pulse had fallen in volume and number. Milk punch and sulphate of quinia, $\text{f}\overline{\text{ss}}$ of the first, gr. ij of the latter, ordered every two hours, with the probability of the second being a comparatively mild paroxysm.

13th. Active stimulation with carbonate of ammonia internally, and red pepper externally, the day previously, sustained the patient through his second paroxysm, and after an additional gr. xxx of quinine, no paroxysm will be likely to occur to-day.

15th. Recovered. Would have been a dead man, had an incorrect diagnosis been made, and vigorous stimulating treatment neglected.

EDITORIAL.

VOLUME NINE.

WITH this number of the REPORTER we buckle on the harness for another campaign, with the prospect of another year's pleasant intercourse with our subscribers and readers. Five years ago last fall, the date of our first connection with the REPORTER, the number of names on the subscription list was barely a hundred, and they, almost entirely confined to the State of New Jersey. The enlargement of the work, its change from a quarterly to a monthly, and a different policy in its management, had the effect of increasing its circulation steadily year by year, until it now, probably, ranks among the most extensively circulated journals in the country, and its readers are found in almost every section of the Union, and in some foreign countries.

In the October number we discussed the matter of changing the REPORTER to a weekly. We then had some serious thoughts of doing so, but, on further consideration, concluded to continue the monthly form, for the present at least, as we feared that the attempt to conduct a weekly journal as one ought to be conducted, bearing the whole burden of editing and publishing, including the correspondence and financial management of the concern, would interfere with other important duties, and be more than our health and strength could sustain.

Our readers may observe one modification, viz: the partial change of name which heralds the appearance of our ninth volume. We have always found that the greatest drawback we had to contend with in our efforts to increase the circulation of the REPORTER out of New Jersey, has been the idea that had taken hold of the professional mind, that the work was of entirely local interest. For this reason, we have thought it policy to leave off the name "New Jersey," from the title page.

The general conduct of the work will be the same as heretofore. We shall pursue the policy of taking in a wide range of subjects of medical interest, confined to no particular locality. With this

view we shall aim to secure the aid of contributors in all sections of the country; and continue to give such matter from the proceedings of our national, State, and local societies, as will be likely to interest the general reader. Under the head of "Pathological and Therapeutical Reports," we shall endeavor to furnish regular original reports of the transactions of some of the more important medical associations in two or three of our larger cities, as well as brief reports of interesting cases in hospital practice.

We confidently look to our readers for their aid in increasing the interest and usefulness of our journal, by making record of matters of general interest to the profession, and by securing for us, contributions from the pens of practitioners of their acquaintance. We respectfully solicit the aid of our friends also in endeavors to increase our circulation.

ASYLUMS FOR THE AGED.

In some of our large cities there are retreats for aged, indigent females. It has often struck us that the benevolence which first suggested these institutions, might be expanded so as to establish large asylums for the aged and infirm of both sexes, something on the plan of our retreats for the insane, blind, deaf and dumb, &c. The census of 1850 revealed the fact, that there were in this country at that time 2,555 persons over 100 years of age. From our own observation of the manner in which aged and infirm people are too often treated, it is to be feared that many of those who, "by reason of strength," attain to more years than the "three score and ten," allotted to man, do, indeed, lead lives of "labor and sorrow," such as should not be tolerated in the present age of active, sympathizing, and Christian benevolence.

The teaching of Holy Scripture is explicit in respect to the treatment of the aged: "Thou shalt rise up before the hoary head, and honor the face of the old man, and fear thy God." "Long life" is the condition of obedience to the "first commandment with promise"—but where is the happiness of a long life whose years are spent in misery, hunger, cold, nakedness, and the want of all things?

Some of our States have surplus revenues, which could not be better appropriated than in establishing public institutions on a liberal scale, as retreats for the aged and infirm, where they might

receive the attentions of kind nurses and physicians, and have everything calculated to add to their comfort and happiness, and smooth their pathway to the tomb. Why may not New Jersey set an example of this species of benevolence?

PORTRAIT OF DR. JOHN W. FRANCIS.

We take pleasure in being able to present our readers, this month, with an admirable life-like portrait of Dr. Francis, of New York, together with a short biographical sketch. This is a novel and interesting feature of the *REPORTER*, and we trust that we shall be sustained in the great outlay that it subjects us to. We hope to be able to present at least four portraits this year.

In connection with this subject, we feel constrained to say that some of our contemporaries are making rather ludicrous efforts at following in our lead in the matter of getting up portraits. For instance, our excellent contemporary, the *Medical Counsellor*, of Columbus, O., after a good deal of *smoke* concerning portraits in general, and finally some smouldering fire in respect to a portrait of Dr. Drake in particular, gets off his last number for December, with the announcement that its readers are presented with a portrait and biography of Dr. Drake. Our number came to hand with the biography, but *minus* the portrait! Could not our contemporary afford to put portraits in the number for exchanges, or did he think that because we published a portrait and biography of Dr. Drake three or four years ago, that we could dispense with the portrait in his number?

MEDICAL PERIODICALS IN VIRGINIA.

The process of absorption, recommended in our last, has commenced in Virginia. The *Stethoscope*, which has for several years occupied so creditable a position among medical periodicals, has ceased to exist, its subscription list having been transferred to that of the *Virginia Medical and Surgical Journal*. The latter we have always regarded as one of the best medical periodicals in the country, and with an increased circulation and consequent increased revenue, it will, undoubtedly, increase in value and interest. If it retains all the subscribers of the *Stethoscope*, they, with its own, ought to give it a circulation of nearly or quite 1,200. The taste

displayed in the printing and arrangement of this journal has been superior to that of any other in the country, and we trust that nothing will be lost in this respect by a change of printers. Virginia ought to be proud of her medical journal.

Since the above was penned, we learn with extreme sorrow of the untimely death of one of the Editors of the *Medical and Surgical Journal*, Dr. J. F. Peebles, of Petersburg, Va.

TILDEN & COMPANY'S EXTRACTS.

We have just received from the manufacturers, Tilden & Co., of New Lebanon, New York, a variety of their extracts, comprising twenty-four bottles of fluid extracts, and twenty-one of inspissated alcoholic and hydro-alcoholic extracts. These preparations embrace many of the most important vegetable remedies employed by the medical man, a large proportion of them being prepared from indigenous plants. Many of the inspissated extracts are officinal, while the fluid extracts—an elegant form for administering medicines—are just coming into use, but very few of them having been introduced into the last edition of the *Pharmacopœia*. We very much mistake, however, if they do not eventually take the place of most of the preparations now in use.

These preparations are particularly well adapted to the wants of the country practitioner, on account of their concentrated form, as well as their agreeable taste.

For further particulars, we refer to the advertisement of Tilden & Co., and to a notice of their extracts, taken from the *American Journal of Pharmacy*, which will be found in another part of this number. We shall embrace opportunities of using the extracts, and of recording our experience with them.

EXTRA-PROFESSIONAL PUBLICATIONS.

We are in the constant receipt of several publications, which would be interesting to many of our readers, either in their families, or as amateur farmers or gardeners. Of the former class are *Godey's Lady's Book* and *Graham's Magazine*, both published in Philadelphia, at three dollars per annum. These monthlies rival each other in the beauty and design of their steel and wood engravings, and in the quantity and quality of their reading matter.

Some of our readers are farmers as well as practitioners of medicine, and to them we can cheerfully recommend the *New Jersey Farmer*, a neat monthly, published by Orrin Pharo, at Freehold, N. J., at one dollar a year, and the *Maine Farmer*, a weekly, published at Augusta, Me. Those who have orchards, gardens, and grounds to cultivate or decorate, can hardly do justice to either, without the *Horticulturist*, an elegant illustrated monthly, published at Nos. 17 and 19 Minor St., Philadelphia, by Robert Pearsall Smith, at two dollars per annum.

☞ Parrish's *Introduction to Practical Pharmacy*, and some other matters which it was intended to notice in this number, are necessarily postponed to our next issue.

☞ Through the kindness of Dr. Winchell, of the Lunatic Asylum, in Trenton, N. J., we shall be able to give monthly meteorological tables, which will be an interesting and useful feature of our journal.

☞ Dr. Clarkson T. Collins,* of the Retreat for Invalids, at Great Barrington, Mass., provided two prizes, consisting of two gold medals with appropriate devices, to be awarded by the Faculty of the Berkshire Medical Institution at its recent commencement, the one to the graduate who should sustain the best examination, and the other to the graduate who should read and defend the best inaugural thesis.

☞ See prospectus, under the head of *Terms*, and discover a good reason for forwarding your subscription *early* for the ninth volume.

METEOROLOGICAL ABSTRACT.

From the Asylum Register, Trenton, N. J., for the Month of November, A. D. 1855.

November was a very exemplary month. Its general character was unexceptionable. The mean temperature was eight degrees colder than the preceding month, and one-third of a degree colder than last November. The barometrical range was 0.90 inches, which is rarely exceeded. Its extremes were not marked by anything unusual. The highest point was accompanied by northwest wind, and the lowest point by southwest wind. On the 29th, the thermometer performed an unusual feat. The mercury went steadily

* In a recent number of the REPORTER, Dr. Collins' name was erroneously given as Dr. Charles T. Collins.

downward every hour in the day, from thirty-eight degrees at sunrise, to thirty-two at two o'clock P. M., and thirty degrees at sunset. A few flakes of snow were seen on the 18th and 21st, and the ground was slightly frozen on the 22d. Ice formed in detached bodies of water on the morning of the 19th, and mill-ponds were nearly frozen over on the morning of the 23d.

The following are the thermometrical and barometrical results:—

THERMOMETER.

Max. height at sunrise, 2d, 58 degrees; at 2 o'clock P. M., 16th, 68 degrees; at sunset, 16th, 64 degrees.

Min. height at sunrise, 22d, 28 degrees; at 2 o'clock P. M., 28th, 32 degrees; at sunset, 28th, 30 degrees.

Mean height at sunrise, 43 degrees; at 2 P. M., 51 degrees; at sunset, 49 degrees.

| | | |
|------------------------|-----------|----------|
| Max. daily mean, 16th | | 61½ deg. |
| Min. daily mean, 28th | | 33½ " |
| Max. daily range, 14th | | 24 " |
| Min. daily range, 4th | | 1 " |
| Mean daily range | | 8 " |
| Monthly mean | | 47½ " |

BAROMETER.

Mean height at sunrise, 29.88 inches; at 2 P. M., 29.86 inches; at sunset, 29.85 inches.

| | | |
|--------------------------------------|-----------|-----------|
| Max. height, 20th | | 30.20 in. |
| Min. height, 28th | | 29.30 " |
| Max. daily range, 21st and 29th | | .35 " |
| Min. daily range was nothing 5 days. | | |
| Monthly mean was 29.863. | | |

WINDS.

| | | |
|--------------------------|-----------|---------|
| Southwest wind prevailed | | 4 days. |
| Northwest " " | | 12 " |
| Northeast " " | | 6 " |
| North " " | | 2 " |
| South " " | | 1 day. |
| East " " | | 2 days. |
| West " " | | 1 day. |

RAINS.

Rain fell on seven days, as follows:—

| | | |
|------------------------------|-----------|---------|
| On the 2d | | .52 in. |
| On the 3d | | .46 " |
| On the 8th | | .03 " |
| On the 12th | | .53 " |
| On the 17th | | .35 " |
| On the 21st | | .55 " |
| On the 25th | | .10 " |
| Clear sky prevailed 12 days. | | |

The following table shows the comparative temperature of November for the last seven years:—

| | Maxim. | Minima. | Media. |
|----------------|---------|---------|----------|
| 1849 | 69 deg. | 32 deg. | 51½ deg. |
| 1850 | 69 " | 31 " | 47½ " |
| 1851 | 66 " | 26 " | 43½ " |
| 1852 | 63 " | 30 " | 45½ " |
| 1853 | 71 " | 23 " | 50½ " |
| 1854 | 72 " | 26 " | 48 " |
| 1855 | 68 " | 28 " | 47½ " |

SUMMARY DEPARTMENT.

On the Use of Diluents in certain Forms of Neuralgia. By Dr. J. F. PEEBLES, of Petersburg, Va.—Dr. Peebles, one of the editors of the *Virginia Medical and Surgical Journal*, furnishes that monthly with some observations on the use of diluents in that form of neuralgia which is now believed to arise from a vitiated state of the blood, the pain being, as Romberg has happily expressed it, "the prayer of the nerve for healthy blood." It is assumed that neuralgic pains may have their origin in some irritating matter in the general circulation, impinging upon the nerve tissue. With this assumption the principle in the treatment will, of course, be a direct modification of the blood, to remove its irritating properties. This object can be in a measure attained in a short space of time by the rapid introduction of diluents into the system. This may be done by the use of copious draughts of barley or toast water, or thin gruel, or even of plain water.

In support of the argument, Dr. Peebles alludes to the fact that women suffering from hysterical neuralgia exhibit, habitually, remarkable exemption from thirst. They partake of very little fluid drink beyond the coffee and tea drank at their morning and evening meals. Yet it is well known that these women habitually discharge great quantities of water in the form of urine. In such cases the skin will be found harsh and dry, while the mucous membranes ordinarily exhibit more than a normal degree of moisture. Since Dr. Peebles' attention has been directed to this remarkable connection between absence of thirst and the form of neuralgia under consideration, he has often observed it in the opposite sex, where it presents itself under circumstances nearly similar. "Men, apparently healthy in their appearance, are often found subject to violent and frequently repeated attacks, chiefly of frontal neuralgia. These attacks are associated with gastric and renal disorder, and general nervous derangement, indicated by coldness of the hands and feet. In a large majority of these cases it will be found, on inquiry, that these men consume less water habitually than is the ordinary standard in healthy individuals. * * Now, it is just in such cases as these, that we would direct the attention of the practitioner to the use of copious diluents in their treatment. By rapidly diluting the blood through these simple agents, I have frequently seen a paroxysm suddenly relieved."

The above remarks of Dr. Peebles are well worthy of attention. We presume that he follows up the treatment by the use of other remedies adapted to the anemic state of the patient.

Solution of Tannin in Aromatic Sulphuric Acid as a Hemostatic.—In a late number of the *Medical Counsellor*, Dr. A. B. Butler, of Clifton, Ohio, recommends the above combination in hemorrhage from the various organs. Several cases of menorrhagia have been relieved by it without a single failure. The following is the formula recommended:—

| | |
|----------------------------|--------|
| R. Acid. tannici | 3iv. |
| Acid. sulph. arom. | ℥j. M. |

Dose, fifteen drops three times a day, or more frequently, if the urgency of the symptoms require it.

Some chemical changes that take place are worthy of notice. When the mixture has stood for some time, there is a slight deposit of a buff-colored sediment, which is, probably, sulphate of tannin formed by the direct union of small portions of the two acids. The remainder of the tannic acid, by the

acquisition of more oxygen, is converted into gallic acid, so that the combination is really a mixture of gallic and sulphuric acids, diluted, in which is deposited the small portion of sulphate of tannin already referred to.

In the bowel complaint of children—chronic cholera infantum—Dr. Butler has, after premising a few powders consisting of minute portions of calomel, ipecacuanha, and opium, for the fever, found great satisfaction in the use of the following combination for the purpose of restoring the bowels to a healthy condition:—

| | |
|----------------------------|---------|
| B. Acid. tannici | 3i. |
| Acid. sulph. arom. | ʒss. |
| Tinct. opii camph. | ʒss. M. |

Dose, ten to twenty drops to a child, during the first dentition, every three hours, until the disorder is checked, afterwards less frequently, to keep up the impression until the natural healthy action is restored.

The opium in this preparation, notwithstanding its incompatibility with gallic acid, retains enough of its anodyne properties to make it a valuable adjuvant.

On Fluid Extract of Ergot.—We find, in the *American Journal of Pharmacy*, an article by Mr. T. Roberts Baker, Pharmaceutist, of Richmond, Va., proposing a fluid extract of ergot as a substitute for the ordinary preparations of that article. The use of the fluid extract combines the valuable properties of ergot to the exclusion of the inert constituents, which only serve to increase the bulk of the dose. The following is the formula proposed:—

| | |
|--------------------------------------|-------|
| B. Ergot, freshly powdered | 1℔. |
| Ether, | |
| Alcohol (80 per cent.), | |
| Water, | |
| Simple syrup, aa | q. s. |

1st. Displace the ergot with ether until the menstruum comes through nearly colorless, and evaporate spontaneously to procure the oil.

2d. Next displace with the alcohol to exhaustion, and evaporate by water-bath to a thin syrupy consistence.

3d. Next displace to exhaustion with water, and evaporate the resulting liquid as fast as it is obtained, in order to guard against chemical changes. Then strain to separate albumen; after which mix it with the alcoholic extract, and evaporate the whole to a syrupy consistence. The evaporated mixture of the aqueous and alcoholic extracts should then be incorporated with the oil first, and afterwards with sufficient simple syrup to make up the measure of one pint. To each fluidrachm of this, add one minim of oil of peppermint.

The dose of this preparation is a fluidrachm, which represents two scruples of powdered ergot.

Remarks upon the Medicinal Properties of the Blackberry Root (Rubus Villosus).—The blackberry root has been long employed in both professional and domestic practice as a remedy principally in disorders of the bowels. Dr. Cyrus S. Sneed, of Culloden, Ga., in a short article in the *Southern Medical and Surgical Journal*, speaks of its remedial virtues. Dr. Sneed thinks that it is an error to suppose that its usefulness in disorders of the bowels depends principally upon the tannin it contains. He believes that its most powerful effects in those affections are attributable to the bitter stimulant or tonic extract, distinct from its astringency, the latter having no more effect than ordinary vegetable astringents. "In order to obtain this extract separate, the root when taken from the earth should have its bark immediately grated, and cold water applied to it. Like a great many other vegetable astringents, in this process tannin is retained in the bark, whilst the bitter principle is

extracted by the water. * * A small quantity of this fluid, taken into the stomach, increases the appetite, and, at times, I find, produces a glow over the surface of the body, which induces me to believe that its therapeutic action is stimulant rather than tonic, as stated by most authors.

"I have found this preparation to produce some of the most extraordinary cures in chronic diarrhoea and dysentery, and even in cases where all other remedies failed, and in the shortest possible time. The remedy prepared according to the method described above, has a decided advantage over the astringent preparation of the same root. The latter should be used with the greatest caution, lest, by suddenly checking the discharge from the intestines, anasarca be produced. The remedy prepared as proposed above should be given in small doses, five or six times a day. There is hardly any danger of its producing costiveness."

New Remedy for Sea-Sickness.—Mrs. Emma Willard, of Troy, N. Y., in a letter to Dr. Bowling, editor of the *Nashville Journal of Medicine*, proposes a remedy for sea-sickness which she has had the opportunity of making practical trial of. Her plan is to expire forcibly, and then inhale fresh air, thus driving out the impure deoxygenized air from the lungs, and replacing it by pure air. Her directions to one suffering from sea-sickness, were as follows: "You are to believe that your lungs are at this moment filled with a heavy irrespirable gas, and your breathing is so feeble that you do not throw it out, and you are in the condition of a person suffering from the fumes of charcoal. And what I want you to do, is, to get this heavy gas out of the lungs. Make your chest as small as possible, by stooping, drawing down your ribs, and pressing your arms to your sides; throw out the air by a violent and long-continued *exhaling*, blowing it from your mouth as if engaged in blowing up a fire. Then change, make a long and forcible inhalation, opening your chest to its fullest dimensions by standing erect and raising your arms from the shoulders." Three or four of these forced long breaths were sufficient to relieve a severe case of sea-sickness.

Long before we ever heard of Mrs. Willard and *Ærepathy*, we were in the habit of relieving ourself of pains in the chest, and others of sick headaches, by these forced respirations. The practice has a rational foundation independent of Mrs. Willard's peculiar theory of the circulation.

The Cathartic Properties of Cassia Marilandica.—It has been generally believed that the American senna possessed the cathartic properties of the imported article, though in an inferior degree. Mr. Elliston L. Perot, in an article published in the *American Journal of Pharmacy*, narrates some facts which go to prove its utter worthlessness as a cathartic. Strong fluid extracts were made from August and September gatherings of the American senna, and given in doses of from half a fluidounce to two fluidounces, but without in any case producing the slightest effect. The dose of the fluid extract made from the imported article is half a fluidounce.

Tasteless Infusion of Senna.—We see going the rounds, an extract from the *Archives Générales de Médecine*, in which Dr. Brandeis recommends a cold infusion of senna for twelve hours in a covered vessel, as especially useful in infantile therapeutics. The water contains only the cathartic and the coloring matter, leaving the essential oil, the fatty matter, and the irritating resin, which are soluble only in hot water. Senna water thus prepared is almost insipid, and its taste completely disappears when mixed with infusion of coffee or tea.

SELECTIONS.

THE FLUID EXTRACTS OF TILDEN & Co.—In our last number we acknowledged the reception of twenty-one specimens of Tilden & Co.'s fluid extracts, then too late for notice. Since that time, two months, they have been kept in a closet at the temperature of the store with the mercury varying from 70° to 94°, with no means taken to prevent its influence. These preparations are said to be made according to the *Pharmacopœia*, when official, and in several instances according to formulæ published in this journal when not recognized by authority, whilst some are made by the judgment of the manufacturers, always, in such cases, being of the strength of 1 oz. to f℥j. They are put up in panelled bottles, holding about four fluidounces, labelled and wrapped.

Belladonna, Hyoscyamus, and Lobelia.—These fluid extracts may be noticed together. They are, when shaken, dark-green fluids, owing to the chlorophyll they contain, the first two appearing evidently to be made from the recent plant. The belladonna and hyoscyamus smell strongly of the recent plants when bruised, and have their peculiar taste well developed. Although made from the green plants, the proportion is a fluidounce to an ounce of the dried plant, which is ascertained by drying a small quantity of the herb and ascertaining its loss, and then using a corresponding quantity of the recent plants. Being concentrated in vacuo and preserved with a little alcohol, these fluid extracts appear to be fully charged with the sensible and medicinal properties of these drugs.

Rhubarb, Senna, Rhubarb and Senna, Senna and Taraxacum, Senna and Spigelia, and Buckthorn.—These appear to be well made. The rhubarb, while it has the proper odor and taste, is rather more fluid than it usually appears. So much depends on the choice of the root that it is a difficult matter, obscured as the taste is with aromatics, to judge with certainty. The senna is excellent, and is all the better for being made in vacuo—as are the compound extracts containing it, spigelia, taraxacum, and rhubarb. They are all preserved with sugar and have a syrupy consistence. The fluid extract of buckthorn is made from the nearly ripe berries, and presents the form of a dense reddish-brown syrup, from which a portion of the sugar has crystallized, owing, probably, to the alcohol added to keep it. Its activity is such that a teaspoonful is given as a dose.

Serpentaria, Chamomile, and Gentian.—There are two formulæ for fluid extract of serpentaria—that of Alfred B. Taylor, made with diluted alcohol, of the strength ℥j to f℥j, and that of John C. Savory, preserved with sugar, and of the strength ℥ss to f℥j. The latter appears to be that followed by Mr. Tilden. The fluid extract, however, does not possess the decided bitterness and camphorous pungency that it should, nor is its aroma as well marked as it should be. The chamomile represents only the bitter extractive, as none of the aroma of the flowers is perceptible. Although difficult to retain, when water is the menstruum, a preliminary tincture with alcohol, to be evaporated afterwards spontaneously and added to the concentrated infusion, would insure the presence of the volatile portion to a considerable extent. The gentian is well prepared.

Cimicifuga, Scutellaria, Buchu, and Uva Ursi, well represent the respective drugs. The scutellaria has recently been tried by Dr. Bates with marked success in nervous diseases. The aroma of the buchu speaks for itself.

Sarsaparilla, Compound Sarsaparilla, Stillingia, Rumicis Crispus, and Taraxacum.—The fluid extract of sarsaparilla is not the official preparation,

nor is the compound extract made by that recipe, but contains conium—the simple extract is, probably, made from American sarsaparilla (*Aralia nudicaulis*), as neither its odor nor taste are those of the smilax. The stillingia and yellow dock are indigenous medicines, gaining favor with the profession; in this form they will be found very convenient. Lastly, the taraxacum was examined and found to be a saccharine liquid having the odor and taste of the root, but not manifest to the same degree as in the spirituous fluid extract, or the prepared juice.

Having thus hurriedly passed the several preparations of the Messrs. Tilden in review, it seems right in the connection to make a few remarks on this new branch of the enterprise of these gentlemen. With their gardens and apparatus described before (see vol. xxiii. p. 386), they have great advantages for the preparation of the fluid extracts of indigenous plants; and for the same reason, with choice drugs, they may equally well prepare fluid extracts from them. There are some cases, however, where the apothecary should always prepare them himself, because so much depends on their uniformity that he is not justified in relying upon a commercial article of which he cannot be assured of the age and condition. On the other hand, there are many which those gentlemen may produce with great advantage, especially to country practitioners, who often need concentrated medicines in their rural pharmacy. Necessarily more prone to decomposition than solid extracts, it is an important point to render them as permanent as possible, and to this end the propriety of an alcoholic menstruum is sometimes undoubted, even where its solvent power is not called into play.—*American Journal of Pharmacy*, September, 1855.

Oleum Morrhue cum Quinia.—The following, from the *Pharmaceutical Journal* of November last, we insert at the request of S. J. Lyman & Co., of Montreal.—[ED. MED. AND SURG. REPORTER.]

As the above preparation has attracted some attention in England, and is frequently prescribed by medical men here, it may not be uninteresting to some of your readers if we describe the process we have found, after some experience, to be most successful.

A short notice of this article appears in the *London Pharmaceutical Journal* of March, 1855, which, however, furnishes no exact formula for its preparation, and merely states that it is a solution of anhydrous quinia in cod-liver oil, prepared by adding the former in fine powder to the oil contained in a suitable glass vessel, and effecting the solution by heating in a water-bath. We have observed, that by the continued application of heat, a very unpleasant flavor is communicated to the oil; so much so, as to form a serious objection to its use, and have endeavored to avoid this difficulty in the following manner: We dissolve the quinia in a small quantity of strong alcohol, of sp. gr. 0.796, and find that when this solution is mixed with the oil and gently heated in a water-bath, the quinia is dissolved without difficulty, as the alcohol evaporates. This is added to the cod-liver oil. By this simple method, a perfectly clear liquid is obtained free from the strong flavor imparted by the ordinary process.

The following is the formula we have employed, obtaining anhydrous quinia:—

| | | |
|------------------------|-----------|------|
| Quinæ disulph. | | ℥i. |
| Aq. ferventia destill. | | ℥ij. |

Dissolve the quiniæ sulph. in the boiling distilled water, then add liq. ammoniæ in slight excess, and collect and carefully wash the precipitated quinia. This should be dried on filtering paper, and fused in a porcelain dish, in a sand-bath. Thus obtained, it presents the appearance of resin, being of a dark brown color, translucent and soluble in almost any proportion in fixed oils. We have generally made our solution of the strength of two grains of

quinia to one ounce of cod-liver oil, but this may of course be varied to suit the pleasure of the prescriber.

A solution of caustic soda might be substituted with some advantage for liq. ammoniæ, as quinia is slightly soluble in excess of the latter, causing a slight loss, which may be avoided by using the former precipitant.

On the Utility of Decoction of Rhatany in Keratitis. By Dr. A. QUADRI.—Dr. Quadri observes, that of all the inflammations of the eye, keratitis is one of the most frequent and most obstinate. Experience has proscribed the employment of mineral astringents. Among those of the vegetable kingdom, the laudanum formed by the combination of crocus and opium sometimes produces excellent effects; but in serofulous ophthalmia, which is frequently but a keratitis, it occasionally gives rise to prolonged and mischievous irritation. The author had tried various other substances, as tannin, calumba, &c., without any definite results, when he resorted to rhatany. The experience of six years has convinced him of its value. Its application merely induces a sensation of dryness in the interior of the eye, and in a short time the pain and photophobia are mitigated, and the weeping is much diminished. When the irritation has thus become calmed in two or three days, the rhatany may be replaced by the more powerful laudanum, more or less diluted. The rhatany is insufficient in the corneitis accompanying blennorrhæal ophthalmia, but in serofulous and all other forms of keratitis its efficacy is constant. It is prepared by boiling half an ounce of the root in twelve ounces of water, or decoction of elder-flowers, down to half the quantity, and filtering. It should be freshly prepared, and may be used three or four times a day.—*Annales d'Oculistique*, tome xxxiii. 87, from *British and Foreign Medico-Chirurgical Review*, October, 1855.

"Who shall guard the Shepherds?"—In November we published a criticism on prescription writing, with the annexed title. The looseness in the pronunciation of medical terms, of which even the professors in our colleges are too often guilty, is a prolific subject for criticism. In a recent number of the *New Hampshire Journal of Medicine*, we find in a communication from New York, some rare specimens of pronunciation, which we copy, hoping thereby to call the attention of our readers to this important and much neglected subject:—

"To the student who has received his entire education in New England, where Worcester and Noah Webster are studied in the common school equally with the college, who has been disciplined in the art of pronunciation, and taught to regard it a fundamental element in education, who has imbibed impressive lectures on its importance from schoolmasters and professors, who never reads or writes an essay without a dictionary at his elbow, to a student from the 'North Countree,' thus trained, there is nothing more striking in the New York medical schools than the pronunciation of many of the professors and the students resident in the city, more especially those from the South and West. The great striking fault is, an entire want of uniformity. It is not remarkable, perhaps, since the standards of pronunciation are so various, and the makers of lexicons have given the subject so little attention. In an odd corner of my note book, I find a few words, written as they were pronounced, which will serve well to illustrate:—

Teesic,
Trackea,
Trakeetis,
Offshinal,
Mountaneous,
Epecac, (!)
Askeetes, (!)

Phthisic.
Trachea.
Tracheitis.
Officinal.
Mountainous.
Ipecac.
Ascites.

Hippocrates, accent on the first syllable, like *crockery crates*.

Hercules, accent on first syllable, pronounced in two syllables instead of three.

Is the list not worthy of the "schoolmaster abroad?" All words ending in *itis*, have the sound, for the most part, of *etis* though one fails to observe anything like uniformity in the pronunciation of this termination. If we say *teesis* for phthisis, why not say laryngeetis also? In all the dictionaries and spelling books, where the sound of the letters are given, we learn that *c* and *g* are hard, before *a*, *o*, *u*, and soft, before *e*, *i*, and *y*; how then, in the names of Lindley Murray and Noah Webster, can a person so compromise their rules and offend the memory of these ancient worthies, as to say *askeetes*? But it is not these and similar mispronunciations that we complain of, so much as the lack of uniformity, the present looseness of pronunciation and the entire absence of any standard or authority, by which to be guided in this difficult art. In no medical lexicon are the quantities of the vowels marked (perhaps Gardner's dictionary may be excepted, but there the directions are limited) and set rules given, for accentuation, &c., by which students may be taught with any degree of exactness. The saying of the ancient Greek philosopher is a cogent and true one, "a little thing gives perfection, although perfection is not a little thing." Pronunciation is in truth a little thing, and it is a little thing which makes it perfect, yet when it is wrong, unscholarly and shocks every sentiment of propriety, the remark of the philosopher seems as sage as it is old. It would seem at all events that our pronunciation should be English; plainly so, and according to English rules, and to confound the English, French, the provincialisms of the South and West, and the peculiarities, and *nasalities* of Yankeedom all in a heterogeneous *mélange* of incompatibles (as chemists say), savors of pedantry, and a degree of inaccuracy ill becoming the character of our profession. It was remarked last winter by a professor, himself one of the most exact and finished scholars in the country, that he knew of but one place in America, where the pronunciation of medical terms is so wretched as in New York, and "that place, gentlemen," said he, "is Philadelphia." How comes it that this is true? Is it, perhaps, that in pursuit of the graver subjects of study, the intricacies of our science, pronunciation is totally overlooked, as a simple and trifling matter? How small a degree of care and attention would obviate this reproach? It is believed that the country schools excel those in our cities in this respect, that the New England medical institutions will be found superior. In one, at least, considerable attention is devoted to this subject by the teachers, and as high a degree of exactness acquired as is possible.

In fine, whatever be our standard, English, French, or American, let us have uniformity. Let our lexicographers devote a separate page and special pains to the subject, let professors set an example of scrupulous accuracy, and urge it upon the attention of their pupils; thus can a reform be instituted and accomplished. It is a just claim on the scholars of the medical profession that they reform and correct this matter. Shall we hear the sordid inquiry, *cui bono*? We reply, it is for the honor and reputation of the whole profession. Then will the pronunciation of medical words cease to be vague, loose, indeterminate and no longer justly named the *opprobrium medicinarum*. The apothegm of the philosopher recurs, "A little thing gives perfection, although perfection is not a little thing."

A Doctor's Life. By an M. D., of Alna, Mich.—The following are some of the sweets of a Dr.'s life. If he visits a few of his customers when they are well, it is to get his dinner; if he don't do so, it is because he cares more about the fleece than the flock. If he goes to church regularly, it is because he has nothing else to do; if he don't go, it is because he has no respect for the Sabbath or religion. If he speaks to a poor person, he keeps bad company;

if he passes them by, he is better than other folks. If he has a good carriage, he is extravagant; if he uses a poor one on the score of economy, he is deficient in necessary pride. If he makes parties, it is to soft-soap the people to get their money; if he don't make them, he is afraid of a cent! If his horse is fat, it is because he has nothing to do; if he is lean, it is because he isn't taken care of. If he drives fast, it is to make people think somebody is very sick; if he drives slow, he has no interest in the welfare of his patients. If he dresses neat, he is proud; if he does not, he is wanting in self-respect. If he works on the land, he is fit for nothing but a farmer; if he don't work, it is because he is too lazy to be anything. If he talks much, "we don't want a Dr. to tell everything he knows;" if he don't talk, "we like to see a Doctor social." If he says anything about politics, he had better let it alone; if he don't say anything about it, "we like to see a man show his colors." If he visits his patients every day, it is to run up a bill; if he don't, it is unjustifiable negligence. If he says anything about religion, he is a hypocrite; if he don't, he is an infidel. If he uses any of the popular remedies of the day, it is to cater to the whims and prejudices of the people to fill his pockets; if he don't use them, it is from professional selfishness. If he is in the habit of having counsel often, it is because he knows nothing; if he objects to having it on the ground that he understands his own business, he is afraid of exposing his ignorance to his superiors. If he gets pay for one half his services, he has the reputation of being a great manager. Who wouldn't be an

M. D.?

Nashville Journ. of Med. and Surgery, Oct. 1855.

On the Fluid Extract of Scutellaria Lateriflora. By Joseph Bates, M. D.—This plant, not many years since, was held in high repute, as an antidote in canine madness; and kept as a secret. Dr. Vanderveer is said to have prevented more than three hundred persons from becoming mad, by the exhibition of this agent. It has, however, since been thoroughly tested, and found utterly worthless in the treatment or prevention of hydrophobia. In consequence of its failure, in the cure of a disease over which medicinal agents possess little or no control, it sank into desuetude, and was by many swept from the catalogue of official agents. Conium, now regarded as eminently valuable in the treatment of a variety of diseases, once met a similar fate in its history, in consequence of failing to cure scirrhus diseases, for which it had been regarded as a specific. Scutellaria, like conium, will yet be found highly successful in the treatment of many diseases, but is not to be considered as a specific in any.

Lately I have been using Tilden's fluid extract of scutellaria, with signal success, in the treatment of diseases attended with nervous irritation and irritability, restlessness, &c. In the treatment of children, it is invaluable for allaying these symptoms. The dose is a teaspoonful, repeated as often as the circumstances or indications require. It may be relied upon in some forms of hysteria. Patients convalescing from typhoid fevers, pneumonia, arthritis, &c., or any disease with those symptoms, will be shortly relieved by one or two teaspoonsful of this preparation. I have no hesitation in saying that those who give it a fair trial will find it efficient in the treatment of many diseases for the relief of which small doses of opium are frequently given, without any of its unpleasant sequences. Much more might be added in bringing this subject before the profession, but I have already, doubtless, trespassed in making my communication too long.—*Boston Medical and Surgical Journal.*

NEW LEBANON SPRINGS, N. Y., May 7th, 1855.

Can Iodine revive Mercury latent in the System?—Dr. BACHE desired to call the attention of the College to the question of the influence of iodide of potassium upon workmen in mercury and lead, and upon persons who have

taken medicinal preparations of those metals. It is asserted, said Dr. B., that in such cases, the urine is found to contain a compound of the metal with which the system has been more or less impregnated, and that hence, when such metallic preparations have been for a long time taken, iodine must be cautiously administered. In the case of mercury, for instance, iodine is said to develop mercurial salivation with great facility. The iodine is supposed to unite with the metal deposited in the tissues, to render it soluble, and consequently to renew its activity. The facts of the case must be admitted, and the theory is plausible. It must, therefore, be presumed that when the system is thus saturated with either of the metals mentioned, but mercury in particular, the iodide of potassium ought to be very cautiously administered. In like manner, when common salt is given to persons who have taken the milder preparations of mercury, a bichloride will be formed with whatever of the metal remains in the tissues, and may produce salivation.

Dr. JACKSON referred to a case which he had already mentioned to the College, and which helps to illustrate the subject under discussion. A lady, who had been taking blue pill, removed to the country, where she began to use the iodide of potassium in doses of five grains, three times a day. After taking three or four doses, she was salivated, and the medicine was suspended. When the symptoms had declined, it was resumed, and again produced the same effect.

Dr. BELL called attention to a class of cases in which the mercurial action was developed by the operation of physiological causes alone, such as cold, fatigue, &c. He had sometimes been struck with the rapid cure of syphilis where iodine was administered after mercury, and that not where full doses, such as five grains, but small and even minute quantities, were given. Yet, it was not necessary here to invoke the operation of a chemical law; the physiological operation of the iodide appeared to him sufficient to account for the results.

Dr. PAGE had repeatedly seen tenderness of the gums and even salivation produced by this salt, and in many of such cases no mercury had been taken, except, perhaps, in the way of a purge, but none, certainly, to impress the constitution. He doubted the proposed explanation of the ptyalism which sometimes follows the administration of the iodide of potassium. This ptyalism differs from the mercurial, and notably in the circumstance of its being unaccompanied with the so-called "mercurial fetor." Besides, nitric acid will produce salivation, and perhaps other agents still. He regarded the chemical hypothesis in the case as altogether gratuitous. If lead or mercury is retained in the tissues, it must either be quiescent, or, on the administration of the iodide, be dissolved and excreted with the urine. In the one case, it is innocuous, and in the other, it passes out of the system. He believed the iodide of potassium to possess an independent and powerful physiological action, whereby it restores a healthy activity to the impaired functions.

Dr. EVANS had never been able to believe that iodide of potassium developed the constitutional action of mercury. On the contrary, he knew that the salt in question was one of the best agents for checking ptyalism. Besides which, he felt sure that the iodide would of itself produce salivation. He referred to the case of a female who had never made use of any mercury, except as a cathartic; but who, on taking the iodide of potassium, became affected with a copious secretion from the Schneiderian membrane, and then from the salivary glands.

Dr. CONDIE had repeatedly seen tenderness of the mouth and ptyalism produced by this salt, and that without the possible intervention of mercury, as none had previously been taken. Besides, salivation by the iodide is peculiar, it produces no fetor of the breath. Salivation may likewise be caused by nitric acid, accompanied by swelling of the gums and of the salivary glands.

Dr. JACKSON referred to the cases of Melsens, among which were some of paralysis cured, where the iodide of potassium developed salts of lead and mercury in the urine, although preparations of these minerals had not been taken for a long time before.

Dr. NEILL called attention to the fact that metallic mercury has been found in closed cavities of the body after death. He had himself met with one case, where a considerable amount of mercury was discovered within a bronchial gland. No history of the subject of this case was attainable.

Dr. JACKSON had also found metallic mercury in the brain of a man who had been accustomed to inhale the fumes of this mineral.

Dr. H. HARTSHORNE, passing to another subject, suggested that water, heated in copper boilers, might become poisonous. He had, in one family, observed symptoms which he could not account for, except upon this supposition.—*Transactions of the College of Physicians*, March and April, 1855.

New Remedies.—At the London Hospital, a case of syphilitic warts has improved under a lotion of decoction of tormentilla.

A case of fracture, ununited for four months, probably from effects of scorbutic disease, improving under use of lemon-juice.

Equal parts of collodion and perchloride of iron—collodion, Venice turpentine, and castor oil, as impenetrable coverings for the cure of local inflammation, are spoken about.

A watery extract of belladonna is used in Italy instead of *secale cornutum*, for producing relaxation of the os uteri; it is said to act in the same way, not by paralyzing the muscular fibres, but by stimulating them, a function denied to *secale* in that country.—*Lancet*, Feb. 1855, from *Boston Med. and Surg. Journ.*, March 1, 1855.

Means of Counteracting the Effects of Chloroform.—In the *Gazette des Hôpitaux* of September, we find a notice of a session of the Society of Practical Medicine, containing a report by M. Ferrier upon a communication of M. Ludger Lallemand on the relative value of different agents to neutralize the deadly effects of chloroform.

After detailing the usual phenomena of anæsthesia as exhibited in man and the lower animals, the report continues:—

"Among the means of opposing the poisonous effects of chloroform, experimentists have tried inflation of the lungs with pure oxygen and also with atmospheric air, electricity, irritation of the phrenic nerves, and stimulating the pharynx with caustic ammonia.

"The success obtained by inflating with oxygen, has been equalled by the happy results obtained by the use of atmospheric air alone; and authors who have tried with success azote, are convinced that the result should be attributed rather to the irritating action of the gas brought into contact with the walls of the bronchial tubes than to any specific effect in the air-cells. They have therefore given the preference to inflation with atmospheric air as the most simple, and of sufficiently easy application by means of a gum-elastic tube provided with a mouth-piece; which, in experiments with dogs, has been introduced into the larynx, or simply into the back part of the mouth in rabbits. The inflation should always be made to alternate with pressure regularly applied to the chest.

"Electricity proposed by MM. Jobert and Abeille has not succeeded in the hands of experimenters. Irritation of the phrenic nerves, suggested by M. Duchenne, of Boulogne, having for its object to restore the regular action of the intercostal muscles, has appeared, on the other hand, to be equally successful with the inflations. The use of caustic ammonia, according to the process of M. J. Galrin, has failed.

"Inflation, as the means of bringing to life the subjects of an excessive employment of anæsthetics, has been of no benefit except in the cases

where it has been used immediately after the cessation of respiration, rarely after the heart has ceased to beat. It is necessary also that inflation should be continued with perseverance and energy, until the normal and spontaneous movements of respiration are fully established.

"It has been remarked, also, that under the influence of anæsthesia the nervous centres and spinal marrow, having become insensible to the touch, are also insensible to the stimulus of the galvanic pile, but the agitation produced by galvanism speedily exhausts the remaining nervous irritability, which very seldom is sufficient to react upon the phrenic nerves to a degree required to establish normal respiration.

"Autopsies have also established that chloroform accumulates in the lungs, but particularly in large quantities in the brain, all parts of which disengage a strong odor of this anæsthetic, which seems to prove that this organ is the place of election of the agent, of which the deadly effects are in proportion to the quantity of the vapor respired."

A discussion followed as to the best method of inflating the lungs in the case in question, it being contended that it was a very difficult thing to do; one member suggesting tracheotomy as the only sure method, and another inquiring how it was possible to introduce the sound into the larynx.

"M. Ferrier replied that daily experience proves that inflation is less difficult than it is thought to be, and that air blown in by the nasal passages penetrates to the lungs. To introduce the sound, the instrument having been passed to the upper part of the pharynx, it is easy to raise the glottis and slip it into the larynx."

The conclusions of the report were adopted.—*Boston Med. and Surg. Journ.*

Hospitals—a Historical Sketch.—The following sketch of the early history of hospitals we extract from an interesting address by Joseph M. Smith, M. D., delivered on the occasion of the inauguration of the New South Building of the New York Hospital.—[ED. MED. AND SURG. REPORTER.

"THE institution and multiplication of hospitals are among the most striking evidences of the progress of civilization, and of the benevolent and noble spirit of those engaged in their support and management. Their origin is distinctly traceable to the enlightening and humanizing influences of Christianity. Among the ancient Greeks and Romans hospitals were unknown. The poor were allowed to suffer and die under such shelters as might fall in their way. The wounded in battle had no retreat where they could collectively receive medical care. The temples were the only places where the sick congregated, not for the purpose of admission as resident patients, but for the purpose of obtaining a knowledge of the remedies which were there recorded as having been curative in cases similar to their own.

"In their general character, as sources of medical relief, the temples of heathen antiquity were more nearly allied to modern dispensaries than to hospitals. It is said by a distinguished medical scholar, Professor Bartlett, in his *Discourse on the Times, Character, and Writings of Hippocrates*, that 'The sick who visited the temples for relief, were subjected, under religious forms, to a preparatory regimen, consisting of prolonged abstinence, or a rigorous diet, and various purifying ablutions and inunctions of the body. After these preliminaries, a night was passed in the temples, and the patients subjected to the treatment ordered by the Asclepiades. A certain number of the patients who had been cured, left in the temples votive tablets, grateful offerings to the gods, containing brief records of their diseases and their cure.' Strabo says, 'the Temple of Epidaurus is always full of the sick, and of the tablets on which the treatment is inscribed; and it is the same at Cos, and at Tricca.'

"The epoch of the institution of hospitals is usually referred to the sixth century, or the reign of Justinian. They seem to have been for a long time

connected with monasteries, and under the direction of those in whom were united the medical and clerical characters. But the greater number of infirmaries have arisen since the Reformation; and in many instances, the edifices now used as hospitals were formerly conventual establishments. Hundreds of years elapsed before institutions were founded for the special and exclusive benefit of the sick and poor. Indeed, as matter of history, hospitals scarcely deserve to be mentioned before the twelfth century, in which age St. Bartholomew's, in London, was founded by Henry I., though subsequently endowed by Henry VIII., and rebuilt in the reign of George II. Of the few of any note established in the fifteenth century was Trinity Hospital, a small institution at Edinburgh. After this period the number rapidly increased. Among those which sprang up as general or special infirmaries, and which are the most celebrated and best known to us, in the sixteenth century, were St. Thomas's, of London, and the enlargement of the Hôtel Dieu at Paris, one of the oldest in Europe, dating back as far as the seventh century; in the seventeenth century, were the Bethlehem, St. Louis, La Pitié, La Charité, La Salpêtrière; in the eighteenth century, St. George's, the London, Guy's, Middlesex, Lock, St. Luke's, Royal Infirmary of Edinburgh, Des Enfants Malades, and Des Vénériens. There were also many others founded in metropolitan, provincial, and colonial situations; and among these last was one in the colony and city of New York. In the present century infirmaries have so multiplied, that there are few places, especially in maritime countries, having a city population, in which there is not one or more established with chartered rights, or under the management of a municipal government."